



KANSAS DRUG UTILIZATION REVIEW NEWSLETTER

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Welcome to the spring 2010 edition of the "Kansas Drug Utilization Review Newsletter," published by Health Information Designs, Inc. (HID). This newsletter is part of a continuing effort to keep the Medicaid provider community informed of important changes in the Kansas Medical Assistance Program (KMAP).

KMAP Phone Numbers	KMAP Self-Service Options	In This Issue:
Provider Customer Service: 1-800-933-6593 Call center agents focus on inquiries which cannot be answered through the self-service options. Prior Authorization Help Desk: 1-800-285-4978 Beneficiary Customer Service: 1-800-766-9012 Pharmacy Help Desk: 1-866-405-5200 <ul style="list-style-type: none"> Pharmacy Claims ProDUR 	KMAP Web site: https://www.kmap-state-ks.us/ <ul style="list-style-type: none"> Eligibility verification Managed care assignment Claims status Payment information Code coverage information Prior authorization requirements Training material downloads AVRS (Automated Voice Response System): 1-800-933-6593	FDA Safety Warning: <i>Long-Acting Beta-Agonists</i> <i>Asthma Treatment Guidelines</i> <i>Preferred Drug List</i>

FDA Safety Warning: Long-Acting Beta-Agonists

In February 2010 the FDA issued a safety warning regarding the use of Long-Acting Beta-Agonists (LABA). The FDA is requiring a Risk Evaluation and Mitigation Strategy (REMS) and labeling changes for all LABAs. The FDA analyzed studies which showed an increased risk of severe asthma symptoms in patients using LABAs for the treatment of asthma. The FDA determined the benefits of LABAs outweigh the potential risks when used appropriately and with an asthma controller medication, such as an inhaled corticosteroid. Currently there is insufficient data to conclude whether using LABAs with an inhaled corticosteroid (ICS) reduces or eliminates the risk of asthma-related deaths and hospitalizations associated with LABAs. The FDA is requiring manufacturers of LABAs to conduct studies evaluating the safety of LABAs in conjunction with an ICS. The following is a summary of the FDA recommendations for safe use of LABAs:

- Single-ingredient LABAs should only be used in combination with an asthma controller medication such as an ICS; LABAs should never be used alone.
- LABAs should not be started in patients with acutely deteriorating asthma. LABAs do not relieve sudden-onset asthma symptoms. Patients should be counseled about the use of a rescue inhaler, such as an albuterol inhaler, for the treatment of sudden asthma symptoms.
- LABAs should only be used long-term in patients whose asthma cannot be adequately controlled on asthma controller medications.
- LABAs should only be used for the shortest duration of time required to achieve control of asthma symptoms and discontinued, if possible, once asthma control is achieved. Patients should then be maintained on an asthma controller medication.
- Pediatric and adolescent patients who require the addition of a LABA to an ICS should use a combination product containing both an ICS and an LABA, to ensure compliance with both medications.

The table below provides a summary of FDA approved medications containing a Long-Acting Beta-Agonist.

Brand Name	Generic Name	FDA Approved Indication
Serevent Diskus®	Salmeterol	Asthma, COPD, exercise-induced bronchospasm
Advair Diskus®	Salmeterol/Fluticasone	Asthma, COPD
Advair HFA®	Salmeterol/Fluticasone	Asthma
Foradil Aerolizer®	Formoterol	Asthma, COPD, exercise-induced bronchospasm
Perforomist®	Formoterol	COPD
Symbicort®	Formoterol/Budesonide	Asthma, COPD
Brovana®	Arformoterol	COPD

For the complete summary of FDA guidelines visit the FDA Web site at:

<http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm200776.htm>

Asthma Treatment Guidelines

Asthma is one of the most common chronic diseases of childhood, affecting an estimated six million children. Studies have shown that asthma can lead to increased medical costs, lost days at school or work, decreased quality of life, and increased mortality. The goals of asthma therapy are to reduce the symptoms and reduce the risks associated with the disease. Effective management of asthma should include the assessment and monitoring of symptoms, patient education, environmental control, and medications.

Chronic inflammation in asthmatics leads to airway hyperresponsiveness, bronchoconstriction, and airway edema, which can manifest as clinic symptoms. Airflow restriction and asthmatic symptoms are reversible either spontaneously or through treatment. Classification and treatment recommendations are categorized into three age groups: 0-4 years, 5-11 years, and 12 years and older. In general, medications used for quick relief of asthma include: short-acting beta-agonists (SABA), short acting anticholinergics, and systemic corticosteroids. Medications used for long-term control of asthma include: inhaled corticosteroids (ICS), cromolyn sodium or nedocromil, immunomodulators, leukotriene modifiers, long-acting beta-agonists (LABA), and methylxanthines. Inhaled corticosteroids control persistent asthma more effectively in children and adults than any other single, long-term controller medication. *Continued on Page 4.*

Step	Age 0-4	Age 5-11	Age ≥ 12
1	Preferred: Short-Acting Beta-Agonist PRN	Preferred: Short-Acting Beta-Agonist PRN	Preferred: Short-Acting Beta-Agonist PRN
2	Preferred: Low-dose Inhaled Corticosteroid Alternative: Cromolyn or Montelukast	Preferred: Low-dose Inhaled Corticosteroid Alternative: Cromolyn, Nedocromil, Leukotriene Receptor Antagonist, or Theophylline	Preferred: Low-dose Inhaled Corticosteroid Alternative: Cromolyn, Nedocromil, Leukotriene Receptor Antagonist, or Theophylline
3	Preferred: Medium-dose Inhaled Corticosteroid	Preferred: Low-dose Inhaled Corticosteroid AND Long-Acting Beta-Agonist, Leukotriene Receptor Antagonist or Theophylline OR Medium-dose Inhaled Corticosteroid	Preferred: Low-dose Inhaled Corticosteroid AND Long-Acting Beta-Agonist OR Medium-dose Inhaled Corticosteroid Alternative: Low-dose Inhaled Corticosteroid AND Leukotriene Receptor Antagonist, Theophylline or Zileuton
4	Preferred: Medium-dose Inhaled Corticosteroid AND Long-Acting Beta-Agonist or Montelukast	Preferred: Medium-dose Inhaled Corticosteroid AND Long-Acting Beta-Agonist Alternative: Medium-dose Inhaled Corticosteroid AND Leukotriene Receptor Antagonist or Theophylline	Preferred: Medium-dose Inhaled Corticosteroid AND Long-Acting Beta-Agonist Alternative: Medium-dose Inhaled Corticosteroid AND Leukotriene Receptor Antagonist, Theophylline, or Zileuton
5	Preferred: High-dose Inhaled Corticosteroid AND Long-Acting Beta-Agonist or Montelukast	Preferred: High-dose Inhaled Corticosteroid AND Long-Acting Beta-Agonist Alternative: High-dose Inhaled Corticosteroid AND Leukotriene Receptor Antagonist or Theophylline	Preferred: High-dose Inhaled Corticosteroid AND Long-Acting Beta-Agonist AND consider Omalizumab for patients who have allergies
6	Preferred: High-dose Inhaled Corticosteroid AND Long-Acting Beta-Agonist or Montelukast AND Oral systemic corticosteroids	Preferred: High-dose Inhaled Corticosteroid AND Long-Acting Beta-Agonist AND oral systemic corticosteroid Alternative: High-dose Inhaled Corticosteroid AND Leukotriene Receptor Antagonist or Theophylline AND oral systemic corticosteroid	Preferred: High-dose Inhaled Corticosteroid AND Long-Acting Beta-Agonist AND oral corticosteroid AND consider Omalizumab for patients who have allergies

*The NIH asthma treatment guidelines have not been updated since the FDA released its safety warning regarding the use of LABAs.

Preferred Drug List Update

Below is a list of current preferred agents. A complete list of both preferred and non-preferred agents may be found on the KHPA Web site. The Preferred Drug List may be updated at any time; please visit the KHPA Web site for the most recent version.

http://www.khpa.ks.gov/pharmacy/pharmacy_druglist.html

Allergy Agents	Anti-Infectives	Central Nervous System	Injectables
Non-Sedating Antihistamines	Anti-Herpes Virus Agents	Adjunct Antiepileptics	Erythropoiesis—Stimulating Agents
Claritin® (loratadine)	Valtrex® (valacyclovir)	Keppra® (levetiracetam)	Aranesp® (darbepoetin alfa)
Claritin-D® (loratadine/pseudoephedrine) -KBH only	Zovirax® (acyclovir) -Oral Dosage Forms Only	Lyrica® (pregabalin)	Growth Hormones (Clinical PA is still required for all growth hormones)
Zyrtec® (cetirizine)	Cardiovascular Agents	Neurontin® (gabapentin)	Genotropin® (somatropin)
Zyrtec-D® (cetirizine/pseudoephedrine) -KBH only	ACE Inhibitors	Zonegran® (zonisamide)	Genotropin MiniQuick® (somatropin)
Analgesics	Accupril® (quinapril)	Non-Benzodiazepine Sedative Hypnotics	Nutropin® (somatropin)
Muscle Relaxants (Skeletal)	Capoten® (captopril)	Lunesta® (eszopiclone)	Nutropin AQ® (somatropin)
Flexeril 10mg® (cyclobenzaprine)	Lotensin® (benazepril)	Zolpidem (generic only)	Nutropin AQ NuSpin® (somatropin)
Parafon Forte DSC® (chlorzoxazone)	Monopril® (fosinopril)	Non-Scheduled Novel Sleep Agents	Tev-Tropin® (somatropin)
Robaxin® (methocarbamol)	Prinivil® (lisinopril)	Rozerem® (ramelteon)	Saizen® (somatropin)
Robaxinal® (methocarbamol/aspirin)	Vasotec® (enalapril)	Diabetic Agents	Insulin (Delivery Systems)
Muscle Relaxants (Spasticity)	Zestril® (lisinopril)	Alphaglucohydrolase Inhibitors	All Multi-dose vials
Lioresal® (baclofen)	ACE Inhibitor/Calcium Channel Blocker Combos	Glyset® (miglitol)	Nasal Agents
Zanaflex® (tizanidine) -Tablets Only	Lotrel® (benazepril/amlodipine)	Biguanides	Intranasal Corticosteroids
Non-Steroidal Anti-Inflammatory	ARBs	Glucophage® (metformin)	Flonase® (fluticasone)
Advil® (ibuprofen)	Avapro® (irbesartan)	Metformin Extended Release (generics only)	Nasonex® (mometasone)
Aleve® (naproxen)	Avalide® (irbesartan/HCTZ)	Meglitinides	Veramyst® (fluticasone)
Anaprox® (naproxen sodium)	Cozaar® (losartan/HCTZ)	Starlix® (nateglinide)	Ophthalmic Agents
Anaprox DS® (naproxen sodium)	Diovan® (valsartan)	2nd Generation Sulfonylureas	Ophthalmic Prostaglandin Analogs
Ansaic® (flurbiprofen)	Diovan HCT® (valsartan/HCTZ)	Amaryl® (glimepiride)	Travatan® (travoprost)
Arthrotec® (diclofenac/misoprostol)	Hyzaar® (losartan)	DiaBeta® (glyburide)	Travatan Z® (travoprost)
Cataflam® (diclofenac potassium)	Micardis® (telmisartan)	Glucotrol® (glipizide)	Xalatan® (latanoprost)
Clinoril® (sulindac)	Micardis HCT® (telmisartan/HCTZ)	Glucotrol XL® (glipizide XL)	Osteoporosis Agents
Daypro® (oxaprozin)	Beta-Blockers	Glucovance® (glyburide/metformin)	Bisphosphonates
EC-Naprosyn® (naproxen)	Betapace® (sotalol)	Glynase PresTab® (glyburide micronized)	Actonel® (risedronate)
Lodine® (etodolac)	Betapace AF® (sotalol AF)	Micronase® (glyburide)	Fosamax® (alendronate)
Lodine XL® (etodolac)	Blocadren® (timolol)	Thiazolidinediones	Fosamax Plus D® (alendronate/cholecalciferol)
Meclomen® (meclofenamate)	Corgard® (nadolol)	Actos® (pioglitazone)	Respiratory
Mobic® (meloxicam)	Coreg® (carvedilol)	ACTOplus Met® (pioglitazone/metformin)	Inhaled Corticosteroids
Motrin® (ibuprofen)	Coreg CR® (carvedilol CR)	Avandamet® (rosiglitazone/metformin)	Flovent® (fluticasone)
Motrin IB® (ibuprofen)	Inderal® (propranolol)	Avandaryl® (rosiglitazone/glimepiride)	Pulmicort Respules® (budesonide) -6 & under only
Nalfon® (fenopropfen)	InnoPran XL® (propranolol XL)	Avandia® (rosiglitazone)	QVAR® (beclomethasone)
Naprelan® (naproxen sodium)	Kerlone® (betaxolol)	Duetact® (pioglitazone/glimepiride)	Long Acting Inhaled Beta₂ Agonists
Naprosyn® (naproxen)	Lopressor® (metoprolol tartrate)	DPP-4 Inhibitors	Foradil® (formoterol)
Orudis® (ketoprofen)	Propranolol Intensol® (propranolol)	Januvia® (sitagliptin)	Serevent® (salmeterol)
Orudis KT® (ketoprofen)	Sectral® (acebutolol)	Onglyza® (saxagliptin)	Short Acting Inhaled Beta₂ Agonists
Oruvail® (ketoprofen)	Tenormin® (atenolol)	Gastrointestinal Agents	Maxair® (pirbuterol)
Toradol® (ketorolac) -limit 5 day supply	Toprol XL® (metoprolol succinate)	H₂ Antagonists	ProAir HFA® (albuterol)
Tolectin DS® (tolmetin)	Visken® (pindolol)	Axid® (nizatidine)	Proventil® (albuterol)
Tolectin 600® (tolmetin)	Calcium Channel Blockers (Dihydropyridines)	Axid AR® (nizatidine)	Proventil HFA® (albuterol)
Voltaren® (diclofenac sodium)	Adalat CC® (nifedipine ER)	Pepcid® (famotidine)	Ventolin® (albuterol)
Voltaren XR® (diclofenac sodium)	Cardene® (nicardipine IR)	Zantac® (ranitidine)	Ventolin HFA® (albuterol)
Triptans	DynaCirc® (isradipine IR)	Proton Pump Inhibitors	Urologic Agents
Amerge® (naratriptan)	DynaCirc CR® (isradipine CR)	Dexilant® (dexlansoprazole)	Anticholinergics
Frova® (frovatriptan)	Norvasc® (amlodipine)	Omeprazole OTC (omeprazole magnesium)	Detrol® (tolterodine)
Imitrex® (sumatriptan)	Procordia XL® (nifedipine ER)	Prevacid® (lansoprazole)	Detrol LA® (tolterodine LA)
Maxalt® (rizatriptan)	Calcium Channel Blockers (Non-Dihydropyridines)	Prevacid OTC® (lansoprazole)	Ditropan® (oxybutynin)
Relpax® (eletriptan)	Calan® (verapamil IR)	Prevacid SoluTab® (lansoprazole)	Ditropan XL® (oxybutynin XL)
Antihyperlipidemics	Calan SR® (verapamil SR)	Prilosec OTC® (omeprazole magnesium)	Enablex® (darifenacin)
Fibric Acid Derivatives	Cardizem® (diltiazem IR)	Serotonin 5HT₃ Antagonists	Toviaz® (fesoterodine)
Lopid® (gemfibrozil)	Covera HS® (verapamil ER) -Brand Name Only	Zofran® (ondansetron)	
TriCor® (fenofibrate)	Diltia XT® (diltiazem SR) -& AB Rated Generics	Zofran ODT® (ondansetron)	
HMG-CoA Reductase Inhibitors (Statins)	Isoprin SR® (verapamil SR)		
Crestor® (rosuvastatin)	Tiazac® (diltiazem) -& AB Rated Generics		
Lipitor® (atorvastatin)	Verelan® (verapamil SR)		
Zocor® (Simvastatin)	Gout Agents		
	Xanthine Oxidase Inhibitors		
	Zyloprim® (allopurinol)		

This list was updated on 04/12/10. Please visit the KHPA Web site for the most current version.

Asthma Treatment Guidelines

Continued from Page 2.

Treatment of asthma exacerbations differ from maintenance therapy. An asthma exacerbation is an acute episode of shortness of breath, coughing, chest tightness, and wheezing and can be characterized by decreases in expiratory airflow. Patients who have ICS controlled asthma have a decreased risk of exacerbation. Patients who use two or more canisters of their SABA per month have an increased risk of asthma related death. Asthma exacerbations can be treated at home, but if they become more severe, treatment should be moved to the hospital. Treatment of an exacerbation can include: increasing the dose or frequency of the SABA, addition of systemic corticosteroids, and supplemental oxygen.

The chart on page 2 summarizes the step-wise long-term treatment recommendations in the 2007 NIH Asthma guidelines.* Initiation of therapy for asthma is based on the age of the patient and the severity of the disease. Therapy is adjusted based upon the level of asthma control. The full report can be found at <http://www.nhlbi.nih.gov/guidelines/asthma/>.



Health Information Designs, Inc. (HID) provides drug utilization review and pharmacy support services. We specialize in helping our clients promote clinically-appropriate and cost effective prescribing, dispensing, and utilization of prescription drugs.

For 33 years, HID has worked to improve the quality and cost effectiveness of healthcare through the clinically rational use of prescription medication. Our clients include public and private healthcare plans throughout the U.S., with a combined total of over 14 million covered lives.

Health Information Designs, Inc. was founded in 1976 and is incorporated as a C Corporation in the State of Delaware. HID's initial mission was to market drug utilization review (DUR) services nationally and since its founding, has provided DUR services for clients in approximately one-half of the United States. HID is headquartered in Auburn, Alabama, with regional offices in Arkansas, Maryland, and Mississippi.

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